

<b>Case Number:</b>	CM15-0205614		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	02/02/2015
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Chiropractic

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 36 year old female with a date of injury on 02-02-2015. The injured worker is undergoing treatment for lumbar spine sprain-strain, lumbosacral neuritis or radiculitis, myalgia and myositis. A physician progress note dated 08-04-2015 documents the injured worker has continued low back pain and right lower extremity pain and she is taking her medications. There is tenderness to her lumbar spine and there is decreased lumbar range of motion. There is decreased sensation in L5-S1 right side dermatomes. A physician progress note dated 09-11-2015 documents the injured worker has continued low back pain that radiates to her right buttock, right posterior thigh and right anterior thigh. She rates her pain as 7 out of 10, her average pain is 7 out of 10, the best her pain is 6 out of 10 and the worst her pain is 8 out of 10. Pain is relieved by chiropractic-physiotherapy at this time. Lumbar range of motion is decreased with pain noted in all planes. Pinwheel examination revealed a right sided hypoesthesia at the L3 dermatome levels. She received 6 chiropractic visits and associated physiotherapy and has improved in range of motion with these treatments. She is not working. Treatment to date has included diagnostic studies, medications, use of a Transcutaneous Electrical Nerve Stimulation unit, work restrictions, acupuncture, chiropractic sessions-at least 6 sessions, a heating pad and a lumbar brace. Current medications include Gabapentin, Omeprazole, Lidopro gel and Naproxen. On 09-23-2015 Utilization Review non-certified the request for additional chiropractic sessions 2 times a week for 6.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic sessions 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

**Decision rationale:** The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are not present in the materials provided. The total number of chiropractic sessions provided to date are unknown and not specified in the records provided for review, but at least 6 sessions have been provided. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the PTP's (MD) progress notes reviewed. The 12 additional sessions requested far exceed The MTUS recommended number. I find that the 12 additional chiropractic sessions requested to the lumbar spine not medically necessary or appropriate.